

Maine Attorney General Reporting Form

Submission Info

User	172.31.79.190
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Response Data

Maine Security Breach Reporting Form

Section Title: Entity that owns or maintains the computerized data that was subject to the breach

Entity Name:

Upright Law LLC

Street Address:

79 W. Monroe Street, 5th Floor

City:

Chicago

State:

IL

Zip Code:

60603

Section Title: Type of Organization (check one)

Educational:

false

Financial Services (if reporting to the Department of Professional and Financial Services, this form is not required. 10 M.R.S.A. §1348(5)):

false

Governmental Entity in Maine:

false

Other Governmental Entity:

false

Health Care:

false

Other Commercial:

true

Not-for-Profit:

false

POS Vendor:

false

Section Title: Submitted by:

Name:

Colin Battersby

Title:

Counsel

Firm name (if different than entity name):

McDonald Hopkins, PLC

Telephone Number:

2485932952

Email Address:

cbattersby@mcdonaldhopkins.com

Relationship to entity whose information was compromised:

Outside counsel

Maine Security Breach Reporting Form (cont.)

Section Title: Breach Information

Total number of persons affected (including Maine residents):

13003

Total number of Maine residents affected:

56

Date(s) Breach Occurred:

7/27/18 - 7/30/18

Date Breach Discovered:

12/27/18

Section Title: Description of the Breach (check all that apply)

Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape):

false

Internal system breach:

false

Insider wrongdoing:

false

External system breach (e.g., hacking):

true

Inadvertent disclosure:

false

Other:

false

If other, specify:

Section Title: Information Acquired: Name or other personal identifier in combination with (check all that apply):

Social Security Number:

true

Driver's license number or non-driver identification card number:

false

Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account:

true

Maine Security Breach Reporting Form (cont.)

Section Title: Notification to Affected Persons

Written:

true

Electronic:

false

Telephone:

false

Substitute notice:

false

Date(s) of consumer notification:

January 25, 2019

Attach a copy of the template of the notice to affected Maine residents:

[7892586.PDF](#)

List dates of any previous (within 12 months) breach notifications:

Section Title: Identity Theft Protection Services

Were identify theft protection services offered?:

Yes

If yes, for what duration?:

1 year

If yes, by what provider?:

Experian

If yes, provide a brief description of the service.:

Credit monitoring and identity theft protection

Data Fields

Name
Address1
Address2
City
State
Zip
Phone
Email
CompanyName